

DOVED BIOLOGGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 763301	RECEIPT DATE:	02 / 20 / 01
IA NUMBER: FOT/ EP00 / 05300		IA FILING DATE:	06 / 23 / 00
FAMILY NAME:	HAAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	WIEBE DE	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 25 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PHN 17,517	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE	0000000000
		FAX	

NAME: PHILIPS ELECTRONICS NORTH AMERICA CORP

STREET: 90 WHITE PLAINS ROAD

CITY: TARRYTOWN

STATE/COUNTRY: NY ZIP: 10591

EMAIL:

APPLICATION TITLES:

NUMBERING OF VIDEO OBJECTS AND CELLS

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4848

SERIAL NUMBER 09/763,301	FILING DATE 02/20/2001 RULE	CLASS 386	GROUP ART UNIT 2615	ATTORNEY DOCKET NO. PHN 17,517	
APPLICANTS Wiebe De Haan, Eindhoven, NETHERLANDS; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP00/05890 06/23/2000 ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99202057.8 06/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>W</u> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 8	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS U S Philips Corporation 580 White Plains Road Tarrytown, NY 10591					
TITLE Numbering of video objects and cells					
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		